



**The Nevada Department of Corrections**  
**Victim Services Unit**  
**VICTIM NOTIFICATION REQUEST**

**PLEASE MAIL THIS FORM TO:**

Nevada Department of Corrections  
Victim Services Unit – Attn: Traci Dory  
P.O. Box 7011  
Carson City, Nevada 89702

Date:

I request to be notified of the following items regarding the offender listed below. I understand that I have a right to be notified per NRS 209.521, provided the Victim Services Unit has received this written request. I have provided the requested information as completely as possible. **I understand that all information I provide will remain confidential.**

**OFFENDER INFORMATION:** Please fill out this section to the best of your ability. You do not need to know all of the requested information in order to register. The most important identifiers are the name and offender number. If you are unaware of this number, please contact the Victim Services Unit at 775-887-3393 or 775-887-3216, the in-state toll free number at 888-333-6076, or by e-mail at [tdory@ndoc.state.nv.us](mailto:tdory@ndoc.state.nv.us).

Inmate Name:	NDOC Number:
DOB:	Race:
Court Case #:	County:

**VICTIM or INTERESTED PARTY INFORMATION:** The victim, a designated representative or an interested party may receive notification. If a designated representative is chosen, he or she must sign this form, in addition to the victim (if applicable). The person to receive the notification must provide the following information.

Victim/Interested Party Name:		Victim/Interested Party age, if minor:	
Person to receive notification if other than victim/interested party:			
If other than victim/interested party, please state relationship to victim/interested party:			
Address:		City:	State:
Zip Code:	Daytime Phone:	Evening Phone:	
What, if any, is your relationship to the offender or this case?			

**NOTIFICATION OPTIONS:** Please indicate what notices you would like the Victim Services Unit to provide regarding the above-listed offender:

- |   |   |
|---|---|
| <input type="checkbox"/> Discharge his/her prison sentence              | <input type="checkbox"/> Is granted a pardon or commutation of sentence |
| <input type="checkbox"/> Placed on/removed from residential confinement | <input type="checkbox"/> Escapes/returned to custody following escape   |
| <input type="checkbox"/> Granted reduction in sentence                  | <input type="checkbox"/> Is released to parole                          |
| <input type="checkbox"/> Dies   | <input type="checkbox"/> Is returned to prison as a parole violator     |
| <input type="checkbox"/> Pending execution                              | <input type="checkbox"/> Legally changes his/her name                   |
| <input type="checkbox"/> I do not wish any further contact from NDOC    | <input type="checkbox"/> Current photograph of offender upon release    |

**My signature below indicates that I am requesting placement on the Victim Notification list. I understand that it is my responsibility to notify the Office of Victim Services in writing of any change in the information provided above.**

Victim/Interested Party Signature:	Designated Representative Signature:
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